

NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES  
POLICY AND PROCEDURE DIRECTIVE

SUBJECT: LOCUS ASSESSMENT

NUMBER: NN-PC-AS-02

Page 1 of 4

ORIGINAL DATE: 04/03/03

REVIEW/REVISE DATE: 01/04/07, 2/18/10

APPROVAL: Rosalynne Reynolds {s}, Agency  
Director

I. PURPOSE

The purpose of this directive is to ensure that Northern Nevada Adult Mental Health Services (NNAMHS) provides an appropriate level of care as a result of a structured assessment process, and to maintain appropriate assessment procedures throughout the care delivery process.

II. POLICY

NNAMHS shall complete a structured level of care assessment upon entry to, change in, and periodically while receiving care to assure the optimum utilization of services. This assessment will be used to recommend a level of resource intensity of care.

III. DEFINITIONS

1. LOCUS: Level of care utilization service, the State authorized assessment for the determination of level of care.

2. LEVEL OF SERVICE (LOS): Medicaid Behavioral Health Services for adult's definition of service intensity levels indicating frequency and duration of reimbursable services.

#### IV. REFERENCES

1. Description of service levels
2. MR 186 LOCUS worksheet
3. Electronic Medical Record (EMR) Assessment

#### V. PROCEDURES

1. Entering NNAMHS Inpatient settings:
  - a. Psychiatric Observation Unit. When a consumer enters the POU, the admitting clinician on the unit shall complete the locus within 8 hours or as soon as clinically appropriate. This is primarily the responsibility of social work. After hours and on weekends, the Locus will be completed by the admitting R.N.
  - b. Hospitalization: Upon admission to the hospital, the assigned inpatient social worker shall review the LOCUS assessment completed in the POU within 1 day of the regular work week. It is entered into the EMR and scored. The sheet is printed and placed in the medical record at POU.
2. Discharge from NNAMHS Inpatient Setting.
  - a. The POU or Inpatient clinician shall re-administer a new LOCUS prior to and in close proximity to discharge from POU or the Hospital.
3. Entering Outpatient Services:
  - a. The interviewing clinician shall review the LOCUS on all persons entering NNAMHS via a referral from POU or hospital discharge. Referrals for NNAMHS Outpatient Services will be consistent with the Discharge LOCUS. All referrals for Outpatient services shall then be consistent with the newly completed LOCUS.

- b. All referrals for Outpatient Services from the PAS will be consistent with the LOCUS assessed level of care.
4. Change in Service Provisions:
- a. Discharge from a Level of Care. At the time that an individual is discharged from a service, or moved to a lower level of care, a note shall be placed in the record by the service provider, indicating why the person was being served and why services are now being discontinued.
  - b. Changes in Level of Care:
    - i) Staff are required to review the consumer's current LOCUS prior to referring the consumer to a different level of care to ensure that the services are authorized.
    - ii) The LOCUS is to be re-administered if changes in the consumer's condition cause the most current assessment to be invalid.
    - iii) In the event that the clinician believes the consumer requires a level of care other than that authorized by the LOCUS, refer to #6 below.  
(NOT BEING DONE- BELOW)
5. Periodic Review and Re-assessment:
- a. Inpatient. The LOCUS shall be administered no less every three months in coordination with obtaining consent to treatment. The assessment will be placed in the assessment section of the medical record.
  - b. Outpatient. The LOCUS shall be administered at a minimum of every three months in coordination with the last Service Plan Review prior to the assessments expiration. Every attempt will be made to comply with this standard. In the event the consumer's appointment is greater than 90 days, a LOCUS will be done at the next appointment.
6. Providing a level of care other than that recommended by the LOCUS instrument. In cases when, due to client preference, resource availability, or alternative clinical judgment, a substitute level of care is being implemented the clinician shall document the rationale in the medical record.

7. Cases in which a consumer is receiving a level of service higher than that indicated by the LOCUS are to be referred to the appropriate program supervisor for analysis.
8. Provision of services requiring preauthorization. As required, preauthorization shall be obtained prior to service delivery per Medicaid guidelines.
9. Each Discipline completing LOCUS Assessments shall maintain a procedure for that provision including:
  - a. The procedure for completing the assessment.
  - b. The manner in which peer review will be conducted to ensure the quality and consistency of the LOCUS assessments.
10. Staff will demonstrate competency in completing the LOCUS assessment. Competency will be documented in the personnel record.

## VI. BILLING

Billing will be documented in the same manner as billing for other assessments in the past. Currently there are no new codes for LOCUS assessments. Inpatient LOCUS assessments are part of the all inclusive rate.

## VII. ATTACHMENTS

1. Service Level Matrix
2. MR 186 LOCUS Worksheet